

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

4 Golden Bay protective services; Security and Patrol

5 _____

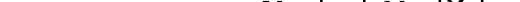
6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
8 following sources:

13 c. Rent payments? Yes No

16 e. Federal or State welfare payments, Yes No
17 Social Security or other govern-

21 _____

22  22

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 _____
 6 _____

7 5. Do you own or are you buying a home? Yes No

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes No

10 Make _____ Year _____ Model _____

11 Is it financed? Yes No If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes No (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____
 15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes No Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes No

20 _____

21 8. What are your monthly expenses?

22 Rent: \$ _____ Utilities: _____

23 Food: \$ _____ Clothing: _____

24 Charge Accounts:

Name of Account	Monthly Payment	Total Owed on this Account
	\$	\$
_____	\$	_____
_____	\$	_____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 ~~NA~~

4

5

6 10. Does the complaint which you are seeking to file raise claims that have been presented

7 in other lawsuits? Yes No

8 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
9 which they were filed.

10

11

12 I consent to prison officials withdrawing from my trust account and paying to the court
13 the initial partial filing fee and all installment payments required by the court.

14 I declare under the penalty of perjury that the foregoing is true and correct and
15 understand that a false statement herein may result in the dismissal of my claims.

16

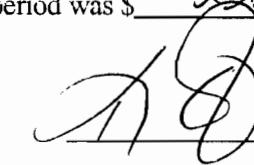
17 12-20-07
DATE

Mark McCain Lowe
SIGNATURE OF APPLICANT

19

20 Case Number: S157486

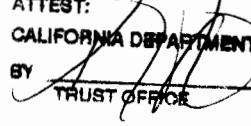
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1
2 Case Number: S157486
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89 **CERTIFICATE OF FUNDS**10 **IN**11 **PRISONER'S ACCOUNT**12
13 I certify that attached hereto is a true and correct copy of the prisoner's trust account
14 statement showing transactions of MARK M. LOWE for the last six months at
15 [prisoner name]
16 CSP-GARRALD-XD0 where (s)he is confined.
17 [name of institution]18 I further certify that the average deposits each month to this prisoner's account for the most
19 recent 6-month period were \$ 7.88 and the average balance in the prisoner's account
20 each month for the most recent 6-month period was \$ 23.51.21
22 Dated: 01/14/17

23 [Authorized officer of the institution]

25 THE WITHIN INSTRUMENT IS A CORRECT
26 COPY OF THE TRUST ACCOUNT MAINTAINED
27 BY THIS OFFICE
28 ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY 
TRUST OFFICE

CALIFORNIA DEPARTMENT OF CORRECTIONS
 CALIF STATE PRISON SACRAMENTO
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAY 01, 2007 THRU DEC 13, 2007

ACCOUNT NUMBER : F18836

BED/CELL NUMBER: FB7 1 00000016L

ACCOUNT NAME : LOWE, MARK MCCAIN

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	05/01/2007		BEGINNING BALANCE					51.06
05/14*DD30	CASH DEPOSIT	MR7815/ROC			9.00			60.06
05/15 FC01	DRAW-FAC 1	603419ADSG				13.52		46.54
05/16 W521	FUND RAISER C	603448FNDR				10.00		36.54
06/05 W536	COPAY CHARGE	603640CPAY				5.00		31.54
06/11 FR01	CANTEEN RETUR	603696				0.49-		32.03
06/12 FC02	DRAW-FAC 2	603713BFAC				13.05		18.98
06/20 W700	IWF SP SURCHA	603819/QTR				1.64		17.34
06/20 W415	CASH WITHDRAW	603819/QTR 205042241				16.40		0.94
07/06*DD30	CASH DEPOSIT	MR4649/ROC			9.00			9.94
08/14 FC02	DRAW-FAC 2	700426BFAC				9.94		0.00
08/16*DD30	CASH DEPOSIT	MR4857/ROC			9.00			9.00
09/10*DD30	CASH DEPOSIT	MR4951/ROC			9.00			18.00
09/18 FR01	CANTEEN RETUR	700756				0.19-		18.19
09/18 FC02	DRAW-FAC 2	BFAC700763				18.00		0.19
10/16 FR01	CANTEEN RETUR	701035				0.10-		0.29
11/08*DD30	CASH DEPOSIT	MR5228/ROC			11.25			11.54
12/11 FC02	DRAW-FAC 2	701652BFAC				11.54		0.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 12/16/05

CASE NUMBER: 050014605

COUNTY CODE: CC

FINE AMOUNT: \$ 10,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
05/01/2007		BEGINNING BALANCE		9,786.00
05/14/07	DR30	REST DED-CASH DEPOSIT	10.00-	9,776.00
07/06/07	DR30	REST DED-CASH DEPOSIT	10.00-	9,766.00
08/16/07	DR30	REST DED-CASH DEPOSIT	10.00-	9,756.00

CALIF STATE PRISON SACRAMENTO
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAY 01, 2007 THRU DEC. 13, 2007

ACCT: F18836

ACCT NAME: LOWE, MARK MCCAIN

ACCT TYPE: I

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 12/16/05

CASE NUMBER: 050014605

COUNTY CODE: CC

FINE AMOUNT: \$ 10,000.00

DATE	TRANS.	DESCRIPTION	TRANS AMT.	BALANCE
09/10/07	DR30	REST DED-CASH DEPOSIT	10.00-	9,746.00
11/08/07	DR30	REST DED-CASH DEPOSIT	12.50-	9,733.50

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
 * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

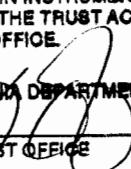
BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
51.06	47.25	98.31	0.00	0.00	0.00

CURRENT AVAILABLE BALANCE
0.00



THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE.
 ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY 
 TRUST OFFICE

PROOF OF SERVICE

(C.C.P. §2015.5; 28 U.S.C. §1745)

I, MARK LOWE, am over the age of eighteen (18) years, and I (am) (am not) a party to the within cause of action. My address is:

CSP-Sacramento
P. o. Box 290866
Represa Calif, 95671
F18836

On, December 20, 2007, I served the following documents:

FILED Documents

on the below named individuals by depositing true and correct copies thereof in the United State mail in Represa, California, with postage fully prepaid thereon, addressed as follows:

- | | |
|--|---|
| 1. <u>Clerk of The United States District Court for the Northern District of California, 450 Golden Gate AVE Box 36060, SAN FRANCISCO CA, 94102.</u> | 2. <u>Attorney General's Office</u>
<u>455 Golden Gate AVE, suite 11000, San Francisco Calif, 94102.</u> |
|--|---|

I have read the above statements and declare under the penalty of perjury of the laws of the State of California that the foregoing is true and correct.

Executed this 20 day of December, 2007, at California State Prison at Sacramento, Represa, California.

(Signature) Mark McCain Lowe
Declarant

for my 1/2/2008
K18836 137-116

trust office
V

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA**INSTRUCTIONS FOR PRISONER'S
IN FORMA PAUPERIS APPLICATION**

You must submit to the court a completed Prisoner's In Forma Pauperis Application if you are unable to pay the entire filing fee at the time you file your complaint or petition. Your application must include copies of the prisoner trust account statement showing transactions for the last six months and a certificate of funds in prisoner's account, signed by an authorized officer of the institution.

A. Non-habeas Civil Actions

The filing fee for any civil action other than a habeas is \$350.00. Even if you are granted leave to proceed in forma pauperis, you must still pay the full amount of the court's filing fee, but the fee will be paid in several installments. 28 U.S.C. § 1915.

You must pay an initial partial filing fee of 20 percent of the greater of (a) the average monthly deposits to your account for the 6-month period immediately before the complaint was filed or (b) the average monthly balance in your account for the 6-month period immediately before the complaint was filed. The court will use the information provided on the certificate of funds and the trust account statement to determine the filing fee immediately due and will send instructions to you and the prison trust account office for payment if in forma pauperis status is granted.

After the initial partial filing fee is paid, your prison's trust account office will forward to the court each month 20 percent of the most recent month's income to your prison trust account, to the extent the account balance exceeds ten dollars (\$10.00). Monthly payments will be required until the full filing fee is paid. If you have no funds over ten dollars (\$10.00) in your account, you will not be required to pay part of the filing fee that month.

If your application to proceed in forma pauperis is granted, you will be liable for the full \$350.00 filing fee even if your civil action is dismissed. That means the court will continue to collect payments until the entire filing fee is paid. However, if you do not submit this completed application the action will be dismissed without prejudice and the filing fee will not be collected.

B. Habeas Actions

The filing fee for a habeas action is \$5.00. If you are granted leave to proceed in forma pauperis you will not be required to pay any portion of this fee. If you are not granted leave to proceed in forma pauperis you must pay the fee in one payment and not in installments. **If you use a habeas form to file a non-habeas civil action, you will be required to pay the \$350.00 filing fee applicable to all non-habeas civil actions.**